

Confidentiality Requested:

Yes No

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Woddson County, KS
Well:Section 35 A-23
Lease Owner:AltaVista

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
7/13/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
135	Shale	155
6	Lime	161
16	Sand	177
2	Shale	179
36	Lime	215
40	Shale	255
106	Lime	361
4	Shale & Lime	365
9	Lime	374
2	Shale	376
3	Lime	379
55	Sandy Lime	434
11	Shale	445
9	Sand	454
3	Shale	457
4	Lime	461
5	Shale	466
6	Lime	472
18	Sand	490
3	Lime	493
6	Shale	499
67	Lime	566
6	Shale	572
21	Lime	593
5	Shale	598
26	Lime	624
160	Shale	784
4	Lime	788
19	Shale	807
9	Lime	816
7	Shale	823
13	Sand	836
45	Shale	881
2	Lime	883
4	Shale	887
10	Lime	897
14	Shale	911
3	Lime	914
17	Shale	931

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

- * D - Diameter of Pump Sheave
- * d - Diameter of Engine Sheave
- SPM - Strokes per minute
- RPM - Engine Speed
- R - Gear Box Ratio
- *C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. A-23

Farm Section 35

KS Woodson
(State) (County)

35 23 16
(Section) (Township) (Range)

For Altavista Energy inc
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Section 35 Farm: Woodson County

KS State; Well No. A-23

Elevation 1051

Commenced Spuding 7-11 20 18

Finished Drilling 7-13 20 18

Driller's Name Wesley Dollard

Driller's Name Ryan Ward

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

35 23 16

(Section) (Township) (Range)

Distance from S line, 1485 ft.

Distance from E line, 825 ft.

6 sacks

13 hrs

5 7/8 borehole

2 1/8 casing

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____

8" Set _____ 8" Pulled _____

7 1/8" Set 40 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
1005		Seat nipple			
1066		Baffle		2	7/8
1092		Float			
1120		TD			

Thickness of Strata	Formation	Total Depth	Remarks
0-20	soil-clay	20	sandy
135	Shale	155	
6	Lime	161	water
16	sand	177	
2	Shale	179	
36	Lime	215	
40	Shale	255	
106	Lime	361	
4	Shale & Lime	365	
9	Lime	374	
2	Shale	376	
3	Lime	379	
55	sandy Lime	434	white-water
11	Shale	445	grey-no Oil
9	sand	454	
3	Shale	457	
4	Lime	461	
5	Shale	466	sandy
6	Lime	472	
18	sand	490	grey-no Oil
3	Lime	493	
6	Shale	499	
67	Lime	566	
6	Shale	572	
21	Lime	593	
5	Shale	598	
26	Lime	624	Heath

624

Thickness of Strata	Formation	Total Depth	Remarks
1100	Shale	784	
4	Lime	788	
19	Shale	807	
9	Lime	816	oil show
7	Shale	823	
13	sand	836	grey - no Oil
45	Shale	881	
2	Lime	883	
4	Shale	887	
10	Lime	897	
14	Shale	911	
3	Lime	914	
17	Shale	931	
2	Lime	933	
19	Shale	952	
4	Lime	956	
11	Shale	967	
1	Lime	968	
5	Shale	973	
7	sand	980	broken - odor - dead Oil
25	Sandy shale	1005	
1	Lime	1006	
2	Shale	1008	
15	sand	1023	mostly solid - good saturation
97	Sandy shale	1120	T.D.



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston,TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 813645

Invoice Date: 07/18/18 Terms: Net 30 Page 1

ALTAVISTA ENERGY INC
 PO BOX 128
 WELLSVILLE KS 66092
 USA
 7858834057

SECTION 35 A-23

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	45.000	157.30
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.500	100.0000	45.000	137.50
CC5840	Poz-Blend I A (50:50)	111.000	13.5000	45.000	824.18
CC5965	Bentonite	386.000	0.3000	45.000	63.69
CC6077	Kolseal	555.000	0.5000	45.000	152.63
CC5325	Calcium Chloride	214.000	1.2500	45.000	147.13
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

Subtotal 4,900.30
 Discounted Amount 2,205.14
 SubTotal After Discount 2,695.16

Amount Due 5,065.62 If paid after 08/17/18

Tax: 90.92
 Total: 2,786.10



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

JM-11131
PO-17379
FT-11018

TICKET NUMBER 54069
LOCATION ottawa
FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813645

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-14	3244	Section 35 A-23	SE 35	23	16	WD
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Altavista Energy			730	Alan Made	Safety	Meat
MAILING ADDRESS			467	Kei Card		
P.O. Box 128			675	Kei Det		
CITY	STATE	ZIP CODE	558	Cas Ken		
Wellsville	KS	66092				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1100 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1092 DRILL PIPE _____ TUBING _____ OTHER BF 1066
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Weld meeting. Established rate. Mixed & pumped 200 # gel followed by 111 sk Poz Blend IA plus 290 gal 5% SG 1 5% hol seal per sack. Circulated cement. Flushed pump. Pumped plug to bottom. Well held 800 PSI, 1.5c float.

TOS, WWS

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450		PUMP CHARGE	467	1500.00
CE0002	hd	MILEAGE	467	286.00
CE0711	min	ton miles	558	660.00
WE0853	2VA	80 val	675	250.00
		545	2696.00	
		less 45%	1213.20	1482.80
LL5810	111	Poz Blend IA		1498.50
LL5965	380#	gel		115.80
CL6077	555	hol seal		277.50
CL5325	214	SG 1	267.5	214.00
CP8176	1	2 1/2 plug		45.00
		546	2204.3	2150.00
		less 45%	967.84	1482.16
			991.94	1212.36
			7.50	90.92
			SALES TAX	48.12
			ESTIMATED	2754.00
			TOTAL	5008.44

SCANNED
7-16 AM

Revin 3737

AUTHORIZATION Bryan Miller TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.